



ALABAMA MEDICAID AGENCY

PREFERRED DRUG LIST BY THERAPEUTIC CATEGORY

As a result of legislation passed by the Alabama State Legislature in June 2003, the Alabama Medicaid Agency will use a mandatory Preferred Drug List, effective October 1, 2003. Brand preferred drugs and generics (unless otherwise specified) and over-the-counter (OTC) drugs covered by Medicaid will be available without prior approval. If a non-preferred drug is ordered, the practitioner will need to obtain prior authorization (PA). If approval is given to dispense the non-preferred drug, an authorization number will be provided. Antipsychotic and HIV/AIDS drugs are exempt from this requirement.

Below is a list of brand preferred products on the PDL. The drug name denotes all dosage forms and strengths unless noted. An asterisk (*) denotes a generic is available in at least one dosage form or strength. All covered OTC drugs and generic products (unless otherwise specified) are considered preferred. For a more complete list including non-preferred brands and more information concerning the PDL, please visit our website at www.medicaid.alabama.gov.

Antihistamines

First Generation

All covered generics

Anti-infective Agents

Adamantanes

All covered generics

Amebicides

All covered generics

Aminoglycosides

Bethkis Kitabis
Tobi*
All covered generics (generic tobramycin
inh soln requires a PA)

Anthelmintics

All covered generics

Antifungals

All covered generics

Antimalarials

All covered generics

Antituberculosis Agents

All covered generics

Cephalosporins

All covered generics

Chloramphenicol

All covered generics

HCV Antivirals

Harvon^{CC} Technivie^{CC}
Viekira Pak^{CC}
All covered generics

Interferons

PegIntron
All covered generics

Macrolides

All covered generics

Miscellaneous Antibacterials

All covered generics

Miscellaneous Antimycobacterials

All covered generics

Miscellaneous Antiprotozoals

Mepron*
All covered generics (generic atovaquone
oral suspension requires a PA)

Miscellaneous Antivirals

All covered generics

Miscellaneous β -Lactams

All covered generics

Neuraminidase Inhibitors

Relenza[†] Tamiflu[†]
All covered generics

Nucleosides and Nucleotides

All covered generics

Penicillins

All covered generics

Quinolones

All covered generics

Sulfonamides

All covered generics

Tetracyclines

All covered generics

Urinary Anti-infectives

All covered generics

Behavioral Health

Alzheimer's Agents

Aricept*
All covered generics

Antidepressants

All covered generics

Anxiolytics/Sedatives/Hypnotics: Barbiturates

All covered generics

Anxiolytics/Sedatives/Hypnotics:

Benzodiazepines

Diastat* Diastat Acudial*
All covered generics (generic diazepam
rectal kit requires a PA)

Behavioral Health (continued)

Anxiolytics/Sedatives/Hypnotics: Miscellaneous

All covered generics

Cerebral Stimulants/Agents for ADD/ADHD-Short and Intermediate Acting

Focalin* Ritalin*
All covered generics (generic
dexamethylphenidate IR requires a PA)

Cerebral Stimulants/Agents for ADD/ADHD-Long Acting

Adderall XR* Focalin XR*
Kapvay* Strattera
Vyvanse
All covered generics (generic amphetamine-
dextroamphetamine ER, dexamethylphenidate
ER, and clonidine ER require a PA)

Wakefulness Promoting Agents

Provigil*
All covered generics (generic modafinil
requires a PA)

Cardiovascular Health

ACE Inhibitors

All covered generics

Alpha-Adrenergic Blocking Agents

All covered generics

Angiotensin II Receptor Antagonists

All covered generics

Antiarrhythmics

All covered generics

Oral Anticoagulants

Coumadin*
All covered generics

Beta-Adrenergic Blocking Agents

All covered generics

Calcium-Channel Blocking Agents

All covered generics

Cardiotonic Agents

All covered generics

Central Alpha-Agonists

Catapres-TTS*
All covered generics (generic clonidine patches
requires a PA)

Direct Vasodilators

All covered generics

Diuretics

All covered generics

Mineralocorticoid (Aldosterone) Receptor Antagonists

All covered generics

Miscellaneous Cardiac Drugs

All covered generics

Nitrates/Nitrites

Nitro-Bid Nitrostat
All covered generics

Peripheral Adrenergic Inhibitors

All covered generics

Platelet-Aggregation Inhibitors

All covered generics

Renin Inhibitors

All covered generics

Bile Acid Sequestrants

All covered generics

Cholesterol Absorption Inhibitors

All covered generics

Fibric Acid Derivatives

All covered generics

HMG-CoA Reductase Inhibitors

All covered generics

Miscellaneous Antilipemic Agents

Niacor
All covered generics

Diabetic Agents

Alpha-Glucosidase Inhibitors

All covered generics

Amylinomimetics

All covered generics

Diabetic Agents (continued)

Biguanides

All covered generics

Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

Janumet Janumet XR
Januvia
All covered generics (generic
alogliptin, alogliptin-metformin, and
alogliptin-pioglitazone require a PA)

Incretin Mimetics

All covered generics

Insulins

Lantus Novolog
Novolog Mix 70-30
All covered generics and OTCs

Meglitinides

Prandin*
All covered generics

Sodium-glucose Cotransport 2 Inhibitors

All covered generics

Sulfonylureas

All covered generics

Thiazolidinediones

Actos*
All covered generics

Disease-Modifying Antirheumatic Agents

Cimzia^{CC} Enbrel^{CC}
Humira^{CC}
All covered generics

EENT Preparations

Antiallergic Agents

Bepreve Pataday
All covered generics

Antibacterials

Bactroban Nasal Cipro HC

Ciprodex
All covered generics

Intranasal Corticosteroids

Nasonex QNASL

QNASL Children
All covered generics

Vasoconstrictors

All covered generics

Gastrointestinal Agents

5-HT₃ Receptor Antagonists

All covered generics

Antihistamine Antiemetics

All covered generics

Miscellaneous Antiemetics

All covered generics

Proton-Pump Inhibitors

Nexium*
All covered generics (generic
esomeprazole magnesium and
omeprazole-sodium bicarbonate
require a PA)

Genitourinary Agents

Genitourinary Smooth Muscle Relaxants

Oxytrol Toviaz
All covered generics

Hormones and Synthetic Substitutes

Androgens

All covered generics

Pain Management/Autonomic Agents

Centrally Acting Skeletal Muscle Relaxants

All covered generics (generic
carisoprodol products require a PA)

Direct-Acting Skeletal Muscle Relaxants

All covered generics

GABA-Derivative Skeletal Muscle Relaxants

All covered generics

Pain Management/Autonomic Agents (continued)

Miscellaneous Skeletal Muscle Relaxants

All covered generics

Opiate Agonists

All covered generics (generic methadone
requires a PA)

Opiate Partial Agonists

All covered generics (generic buprenorphine
products require a PA)

Selective Serotonin Agonists

Relpax
All covered generics

Respiratory

Inhaled Antimuscarinics

Atrovent HFA Spiriva

All covered generics

Inhaled Mast-Cell Stabilizers

All covered generics

Leukotriene Modifiers

All covered generics

Orally Inhaled Corticosteroids

Aerospan Asmanex Twisthaler
Dulera Pulmicort Respules*
QVAR
All covered generics (generic budesonide inh
soln requires a PA)

Respiratory Beta-Adrenergic Agonists

Anoro Ellipta Combivent Respimat
ProAir HFA Proventil HFA
Serevent Diskus
All covered generics

Respiratory Smooth Muscle Relaxants

All covered generics

Skin and Mucous Membrane Agents

Antibacterials

All covered generics

Antifungals

Mentax
All covered generics

Anti-inflammatory Agents

Capex Shampoo
All covered generics

Antipruritics and Local Anesthetics

Lidoderm*
All covered generics (generic lidocaine topical
patch requires a PA)

Antivirals

Zovirax (cream)
All covered generics

Astringents

All covered generics

Keratolytic Agents

All covered generics

Keratoplastic Agents

All covered generics

Miscellaneous Local Anti-infectives

All covered generics

Misc Skin and Mucous Membrane Agents

Elidel
All covered generics
Scabicides and Pediculicides
Sklice Ulesfia
All covered generics (generic lindane requires
a PA)

Women's Health

Estrogens

Menest Premarin (tabs only)
All covered generics

Prenatal Vitamins

Provida DHA
All covered generics

*The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC.

^{CC}Denotes agent is preferred with clinical criteria in place.